## 57422

## **CALIFORNIA HAZARDOUS WASTE MANIFEST**

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reverse side for Instructions.		HAZARDOUS MATERIALS MANAGEM
sse type or print clearly. Press Hard.	•	744 P Street, Sacramento, CA 9

① Manifest 015 - 002349

Date Accepted

ODICIMAL

See reverse side for Instructions. Please type or print clearly. Press Hard.	State Department of Health Services HAZARPOUS MATERIALS MANAGEMENT SECTION 744 P Street, Sacramento, CA 95814	Manifest 015 - 002349		
GENERATOR (Generator Must Complete)  ALUMINUM CO. OF  Name AMERICA VERNON WORKS	Designated TSD Facility (Authorized to operate under an approved state program or federal program)  Name OPERATING INDUSTRIES INC.	Alternate TSD Facility SFUND RECORDS CTR CHEMICAL WASTE 999000950 Name MANAGEMENT INC.		
EPA NO. C A D 0 7 4 1 2 6 6 8 1  Address 5 1 5 1 ALCOA AVE. Phone No. 588-61  City, State, Zip VERNON, CA. 90058		EPA NO. C A T 0 0 0 6 4 6 1 1  Address P.O. BOX 1104 430 W. ELM AVE.  City, State, Zip COALINGA, CA. 93210		
(5) U.S. DOT PROPER SHIPPING NAME HAZARD WASTE WASTE	CLASS ID NO. VOLUME ONTS CONTAL	NERS NUMBER:  □ DRUMS □ BAGS □ CARTONS □ TANK TRUCK □ DUMP TRUCK □ OTHER		
6 WASTE CATEGORY #7 CONC. LIST COMPONENTS: UPPER  9 A	RANGE LOWER UNITS    M ppm. E	TING PROCESS ALUMINU FABRICATION  CONC. RANGE UNITS  UPPER LOWER UNITS  D % ppm.		
B	\( \begin{align*} \text{\tint{\text{\tint{\text{\tinit}}\\ \text{\texi}\text{\text{\text{\tex{\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texit{\text{\	100%		
(10) WASTE PROPERTIES: pH				
the applicable regulations of the Department of Transportation  IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802	and EPA.	12-11-81		
TRANSPORTER (HAULER MUST COMPLETE)  (4) NAME ASBURY OIL CO.  EPA NO. C A D O 2 8 2 7 7 0 3 6  ADDRESS 13419 Halldale Avenue PHONE NO. (213)  CITY, STATE, ZIP Gardena, California 90249		TIME 30 PM  Agent and Title  Date		
TSD FACILITY (FACILITY-OPERATOR MUST COMPLE 17) NAME OF OFFICE TWO TO EPA NO. CATOROLO 1202 PHONE NO.  20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETW	18 QUANTITY (If Measured 6 % BLC 19 STATE FEE (If Any)	(21) HANDLING OR DISPOSAL METHOD:		
SHIPMENT:	Y THE DESIGNATED TSD FACILITY:	Recovery or Reuse Storage/Transfer		

Signature of Authorized Agent and Title